**RtI Referral Form for Individual Problem Solving Meeting**

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| **Date of Referral:** | | **Name of Person Making Referral:** | | | | | | | |
| **Name of Student:** | | | | | | | | **Grade:** | |
| **Dominant Language:** | | **# of Current Absences:** | | | | **# of Times Student was Late:** | | | |
| **Parent Contact Information** | | | | | | | | | |
| **Date of Contact:** | | | | **By Whom:** | | | | | |
| **Areas of Concern:** | | | | | | | | | |
| * **Academic** | * **Behavior** | | * **Reading** | | * **Math** | | * **Speech/Lang.** | | * **Social/Emotional** |
| * **Other (describe):** | | | | | | | | | |
| **Reason for Referral: (Academic? Behavioral? Both?) Describe below.** | | | | | | | | | |
| **Current Services** | | | | | | | | | |

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| **Describe student’s general classroom behavior and work habits:** | |
| **Strengths/Talents/Interests:** |  |
| **Areas in Need of Improvement** |  |
| **What do you want the student to be able to do that he/she is not currently doing:** |  |

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| **Benchmark Data** | | |
| **Fall** | **Winter** | **Spring** |
| **Level of Performance:**  **Rate of Growth:** | **Level of Performance:**  **Rate of Growth:** | **Level of Performance:**  **Rate of Growth:** |

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**Attach copy of most report card and/or progress report.**

**Attach copy of work sample or other data that reflects area of concern.**

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| **Interventions Provided** | | | |
| **Intervention:**    **Implemented with fidelity?: ❒ yes ❒ no** | | | |
| **Interventionist:** | **Start Date** | **End Date** | **Attendance rate:** |
| **Frequency: \_\_\_\_\_ x/week** | **Student Response**  **❒ Positive**  **❒ Questionable**  **❒ Poor** | | **Rate of Growth:**  **\_\_\_\_\_\_\_\_\_\_/week** |
| **Duration: \_\_\_\_\_ minutes/session** |
|  | | | |
| **Intervention**  **Implemented with fidelity?: ❒ yes ❒ no** | | | |
| **Interventionist:** | **Start Date** | **End Date** | **Attendance rate:** |
| **Frequency: \_\_\_\_\_ x/week** | **Student Response**  **❒ Positive**  **❒ Questionable**  **❒ Poor** | | **Rate of Growth:**  **\_\_\_\_\_\_\_\_\_\_/week** |
| **Duration: \_\_\_\_\_ minutes/session** |
|  | | | |
| **Intervention:**  **Implemented with fidelity?: ❒ yes ❒ no** | | | |
| **Interventionist:** | **Start Date** | **End Date** | **Attendance rate:** |
| **Frequency: \_\_\_\_\_ x/week** | **Student Response**  **❒ Positive**  **❒ Questionable**  **❒ Poor** | | **Rate of Growth:**  **\_\_\_\_\_\_\_\_\_\_/week** |
| **Duration: \_\_\_\_\_ minutes/session** |